

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: CLARITY CARE BERNARD ON HOFFMAN (0008949)
Address: 898 E HOFFMAN RD, GREEN BAY, WI 54301
License Status: REGULAR
Licensed/Certified/Registered 01/01/2001
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0092956 **End Date:** 07/12/2004 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006988 Served 07/23/2004

Deficiencies Cited
83.31(1)

Subject Area
GENERAL REQUIREMENTS

Compliance
Verified

Corrected

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